

JAN 26 2006

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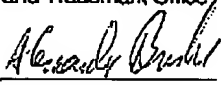
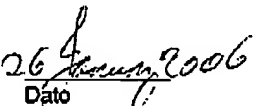
SIEMENS**Fax**

To:	Examiner: Jacques Veillard	From:	Alexander J. Burke
Fax:	571-273-8300	Pages:	38
Phone:	571-272-4086	Date:	January 26, 2006
Re:	Serial No. 09/939,965 Art Unit: 2165		

IF YOU DO NOT RECEIVE ALL OF THIS TELEFAX IN GOOD ORDER,

PLEASE CALL: Christine Briscoe at 732-321-3018Attached is the following: Cover Letter 2pp; Amended Appeal Brief 35 pp

For Application No.: 09/939,965
Filing Date: August 27, 2001
First Named Inventor: Kevin O'Rourke
Group Art Unit: 2165
Attorney Docket: 2001P07803US02

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8	
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Alexander J. Burke Reg. No. 40,425	Date

Serial No.: 09/939,965

JAN 26 2006

01P07803US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Before the Board of Patent Appeals and Interferences

Applicant : Kevin O'Rourke

Serial No. : 09/939,965

Filed : August, 27, 2001

For : A SYSTEM AND USER INTERFACE FOR ACCESSING AND
PROCESSING PATIENT RECORD INFORMATION

Examiner : Jacques Veillard

Art Unit : 2165

Mail Stop Appeal Briefs -- Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sirs:

In response to the Notification of Non-Compliant Appeal Brief dated January 18, 2006, for which a time period of one month ending February 18, 2006 is set for which to respond, please replace the Appeal Brief filed on November 2, 2005, with the amended Appeal Brief attached hereto. The amended Appeal Brief corrects the deficiencies identified in the Notification. Specifically, the summary of claims 1, 3, 7,8 and 17 in the Summary of the Claimed Subject Matter has been amended to include reference characters identifying the location of the claimed limitations in the drawing figures. Additionally, in accordance with the Examiner's request, the section entitled Status of Amendments has been amended to state that "no amendments have been filed after final rejection". Furthermore, the Appeal Brief has been amended to identify the co-pending

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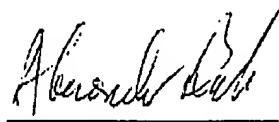
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Appeal of related application serial number 09/939,886 as well as the co-pending Request for Re-instatement of Appeal and Supplemental Appeal Brief for application serial number 09/939,899. .

Therefore, Applicant respectfully submits that the amended Appeal Brief complies with the provisions of 37 CFR 41.37. Furthermore, Applicant respectfully requests consideration of the amended Appeal Brief.

Applicant respectfully submits that in view of the attached Certificate of Mailing, that this response is timely.

Respectfully submitted,
Siemens Medical Solutions Health Services
Corporation



Alexander J. Burke
Reg. No. 40,425

Date: January 26, 2006

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Serial No.: 09/939,965

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01P07803US02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Before the Board of Patent Appeals and Interferences

Applicant : Kevin O'Rourke
Serial No. : 09/939,965
Filed : August 27, 2001
For : A SYSTEM AND USER INTERFACE FOR ACCESSING AND
PROCESSING PATIENT RECORD INFORMATION

Examiner : Jacques. Veillard
Art Unit : 2165

AMENDED APPEAL BRIEF

May It Please The Honorable Board:

Appellants appeal the Final Rejection, dated July 1, 2005, of Claims 1 - 20 of the above-identified application. The fee of five hundred dollars (\$500.00) for filing this Brief and any associated extension fee is to be charged to Deposit Account No. 19-2179. Enclosed is a single copy of this Brief.

Please charge any additional fee or credit any overpayment to the above-identified Deposit Account.

Appellants do not request an oral hearing.

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I. REAL PARTY IN INTEREST

The real party in interest of Application Serial No. 09/939,965 is the Assignee of record:

Siemens Medical Solutions Health Services Corporation
51 Valley Stream Parkway
Malvern, PA 19355-1406

II. RELATED APPEALS AND INTERFERENCES

There is currently a co-pending appeal in related application serial number 09/939,886. The present application and application serial number 09/939,886 claim priority from the same Provisional Application Serial No. 60/287,664.

An Appeal Brief in related application serial number 09/939,899 was filed on July 7, 2005. In response to the Appeal Brief filed on July 7, 2005, a Final Office Action was mailed on October 7, 2005. A Request for Re-instatement of the Appeal and Supplemental Appeal Brief was filed on January 9, 2006. The present application and application serial number 09/939,899 claim priority from the same Provisional Application Serial No. 60/287,664.

III. STATUS OF THE CLAIMS

Claims 1 – 20 are rejected and the rejection of claims 1 – 20 is appealed.

IV. STATUS OF AMENDMENTS

No amendments have been filed after final rejection in the present application.

V. SUMMARY OF CLAIMED SUBJECT MATTER

Independent claim 1 provides a method for use by a portable processing device for accessing information in a patient record incorporating a plurality of different sections (page 2, line 13). The method includes the activities of: receiving user entered information identifying at least one patient record to be acquired and a particular section of the patient record to be acquired (page 2, lines 14-15; Fig 6, 605). The device receives configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record (page 11, lines 28-32). A URL link is generated for accessing a patient record repository in response to the configuration information (page 12, lines 16-18; Fig 6, 615). The generated URL link

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includes an address of the repository and contains fields incorporating the information identifying the particular section of the patient record and the patient record (page 12, lines 12-16). The device communicates the generated URL link to an application used for accessing the repository and receives the identified particular patient record section in response to the communication (page 2, lines 15-20 and page 12, lines 16-18; Fig 6, 620).

Dependent claim 3 includes the method of independent claim 1 along with the activity of receiving a patient record content index (page 9, lines 6-13; Fig 4, 420). The particular patient record to be acquired and the particular section of the patient record to be acquired is determined in response the user's selection of an item in the patient record content index (page 9, lines 13-18; Fig 4, 425, 430).

Independent claim 6 provides a method for communicating with a portable processing device for accessing information in a patient record incorporating a plurality of different sections within a system including a patient record repository (page 2, line 13). URL link data fields containing information identifying a patient record and a particular section of said patient record are received. (page 12, lines 12-16). The URL link is generated in response to configuration information determining at least one of: (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record. (page 11, lines 28-33). Information identifying a patient record and a particular section of the patient record information are derived from the URL link data fields. It then searches the patient record repository to locate the identified particular patient record section and communicates the located particular patient record section to a portable processing device (page 12, lines 24-31).

Independent claim 7 provides a method for use by a portable processing device for providing updated patient record information to a patient record information repository (page 13, lines 4-5). The method includes the activities of initiating the display of a data collection page for collecting data of a patient associated with a particular patient record section (page 13, lines 15-22; Fig 7, 705). Updated patient record information acquired by a user's data entry via the data collection page is stored (page 13, lines 32-34; Fig 7, 725). A URL link which includes an address of the repository and contains the fields incorporating the updated patient record information and information identifying the particular patient record section and patient record is generated (page 14, lines 3-6; Fig 7, 735). The updated patient record information is communicated to the information repository at the address using the generated URL link in response to the user's selection of a displayed menu icon (page 14, lines 6-10; Fig 7, 740).

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Dependent claim 8 includes all the features of independent claim 7 and further includes receiving a patient medical record content index identifying the particular patient record section (page 9, lines 6-13; Fig 7, 710). The activity of communicating the updated patient record information comprises communicating the updated patient record section information via the URL data field to the information repository (page 14, lines 6 – 10; Fig 7, 740).

Independent claim 17 provides a method for communicating with a portable processing device for accessing patient record information within a system including a patient record repository (page 2, line 13). The method includes the activities of: receiving URL data fields incorporating updated patient record information and patient record section identification information (page 14, lines 3-6; Fig 7, 735). The URL is generated in response to configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record (page 11, lines 28-32). The patient record section identification information and the updated patient record information are derived from the URL link data fields (page 14, lines 9-11; Fig 7, 745). The updated patient record information in a record section identified by the patient record section identification information is stored in the repository (page 14, lines 17-19; Fig 7, 750).

Independent claim 18 recites a method for use by a portable processing device for providing updated patient record information to a patient record information repository (page 13, lines 4-5). This is accomplished by initiating a display of a data collection page for collecting data of a patient associated with a particular patient record section (Fig. 7, # 710 and page 13, lines 28-30). Updated patient record information, including additions and deletions to the previously recorded data are then stored (page 14, lines 14-16). A URL link is then generated which includes an address of the repository and contains fields incorporating the updated patient record information and information identifying the particular patient record section and the patient record (Fig. 7, # 735 and page 14, lines 3-6). It then communicates the URL data fields including the updated patient record information to the information repository at the address using the generated URL link that was generated in response to user's selections from a displayed menu (Fig. 7, # 740 and page 14, lines 6-9).

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VI. GROUNDS OF REJECTION TO BE REVIEWED ON APPEAL

Claims 1, 2, 3, 4 - 6, and 17 are rejected under 35 U.S.C. 103(a) as being unpatentable over de la Huerga et al. (U.S. Patent 5,903,889) in view of Bessette (U.S. Patent 6,775,670).

Claims 7 - 16 and 18 - 20 are rejected under 35 U.S.C. 103(a) as being unpatentable over de la Huerga et al. (U.S. Patent 5,903,889) in view of Frid (U.S. Patent 5,857,967).

VII. ARGUMENTS

De la Huerga in view of Bessette does not make claims 1, 2, 3, 4 - 6, and 17 unpatentable. Thus, reversal of the Final Rejection (hereinafter termed "rejection") of claims 1, 2, 3, 4 - 6, and 17 under 35 U.S.C. § 103(a) is respectfully requested. Moreover, de la Huerga in view of Frid does not make claims 7 - 16 and 18 - 20 unpatentable. Thus, reversal of the rejection of claims 7 - 16 and 18 - 20 under 35 U.S.C. § 103(a) is respectfully requested.

Overview of the Cited References

Bessette describes a network system for storage of medical records. The records are stored in a database on a server. Each record includes two main parts, namely a collection of data elements containing information of medical nature for the certain individual, and a plurality of pointers providing addresses or remote locations where reside other medical data for that particular individual. Each record also includes a data element indicative of the basic type of medical data found at the location pointed to by a particular pointer. This arrangement permits a client workstation to download the record along with the set of pointers which link the client to the remotely stored files. The identification of the basic type of information that each pointer points to allows the physician to select the ones of interest and thus avoid downloading massive amounts of data where only part of that data is needed at that time. In addition, this record structure allows statistical queries to be effected without the necessity of accessing the data behind the pointers. For instance, a query can be built based on keys, one of which is the type of data that a pointer points to. The query can thus be performed solely on the basis of the pointers and the remaining information held in the record. (See Abstract).

De la Huerga teaches a system for retrieving, modifying, and collecting data records having a plurality of formats and distributed on a plurality of databases on a computer network. The system includes means for detecting various types, relationships,

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and classifications of data records and modifying them accordingly, to support interactive, hypertext-linked display of, and organized access to, the data records. The system further includes means to store a related set of data records on a mass storage device such as a CD-ROM to provide non-network access to the data records. Adapted for use in a hospital environment, the invention facilitates access by care providers, administrators, and insurance company agents to a patient's cumulative, and possibly extensive, record. (See Abstract).

Frid describes a universally accessible healthcare device having a communication path and a server. The healthcare device generates a set of medical information and the server provides access to the medical information using an open standard network protocol on the communication path. HTML Files may be generated on the fly by the server in response to an HTTP command from a requesting web client. (See Abstract).

**Rejection of Claims 1-6 and 17 under 35 U.S.C. 103(a) over
de la Huerga (U.S. Patent 5,903,889) in view of Bessette (U.S. Patent 6,775,670)**

De la Huerga in view of Bessette does not make claims 1 - 6, and 17 unpatentable. Thus, reversal of the Final Rejection (hereinafter termed "rejection) of claims 1 - 6, and 17 under 35 U.S.C. § 103(a) is respectfully requested.

In rejecting claims under 35 U.S.C. § 103, it is incumbent upon the examiner to establish a factual basis to support the legal conclusion of obviousness. *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596, 1598 (Fed.Cir. 1988). In so doing, the Examiner is expected to make the factual determinations set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 17, 148 USPQ 459, 467 (CCPA 1966), and to provide a reason why one having ordinary skill in the pertinent art would have been led to modify the prior art or to combine prior art references to arrive at the claimed invention. Such reason must stem from some teaching, suggestion, or implication in the prior art as a whole or knowledge generally available to one having ordinary skill in the art. *Uniroyal, Inc. v. Rudkin-Wiley Corp.*, 837 F.2d 1044, 1051, 5 USPQ2d 1434, 1438 (Fed.Cir. 1988), *cert. denied*, 488 U.S. 825 (1988); *Ashland Oil Inc. v. Delta Resins & Refractories, Inc.*, 776 F.2d 28, 293, 227 USPQ 657, 664 (Fed.Cir. 1985), *cert. denied*, 475 U.S. 1017 (1986); *ACS Hosp. Sys., Inc. v. Montefiore Hosp.*, 732 F.2d 1572, 1577, 221 USPQ 929, 933 (Fed.Cir. 1984). These showings by the Examiner are an essential part of complying with the burden of presenting a *prima facie* case of obviousness. *In re Oetiker*, 977 F.2d 1443, 1445, 24 USPQ2d 1443, 1444 (Fed.Cir. 1992).

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CLAIM 1

Nowhere does De la Huerga show or suggest or provide an enabling teaching of, partitioning a patient record into "a plurality of different sections" and "generating a URL link...containing fields incorporating" information identifying a "particular section of said patient record". In De la Huerga, the URL of Figures 25 and 27 comprise an "address where memory contents 500 is to be stored" (de la Huerga column 16 line 65 to column 17 line 1). In De la Huerga "memory contents 500" accessed in the De la Huerga system via the address conveyed in the URL of Figures 25 and 27 may comprise a variety of items (see Figure 17) including "selected prescribed medication dose information 540...dispensed medication information 580, medication information 581 and medication report components 600. Memory contents 500 can further include specific patient information 621 received from a patient identification device 300...offered medication amount information 643 regarding the amount of medication offered to a specific patient 360, and consumed medication amount information 644 regarding the actual amount of medication consumed by the specific patient 360... additional elements or fewer than shown in FIG. 17" (de la Huerga column 8 lines 14-55 and Figure 17). However, "memory contents 500" of De la Huerga do not comprise a partitioned patient record having "a plurality of different sections" that are individually identifiable using a generated "URL link...containing fields incorporating" information identifying a "particular section of said patient record".

Further, De la Huerga teaches "information device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27. In this case, workstation 350 need only send medication report 730 to the address indicated by universal resource locator 734 without interacting with workstation 350, thus keeping workstation 350 completely independent of needing to know how to handle medication report 730" (de la Huerga column 16 line 65 to column 17 line 7). Thus, De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as a whole without a workstation responding to a URL and "completely independent of needing to know how to handle" a "medication report". This is fundamentally different and in direct contrast to the claimed system in which a "URL link...containing fields incorporating" information identifying a "particular section of said patient record" is processed to obtain a particular section of a medical report identified by the URL which is processed (i.e. extracted from the report) and communicated in response to the URL. The claimed system allows a user to dynamically select a particular section of a patient record desired and that particular section of the medical report is processed and downloaded to a portable device. Consequently the claimed system involves interacting with a medical report to identify and process particular report sections in direct contrast to the De la Huerga teaching. Further,

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the claimed system involves "communicating said generated URL link to an application used for accessing said repository; and receiving said identified **particular patient record section** in response to said communication". These features are not shown or suggested by De la Huerga.

De la Huerga also does not show "receiving configuration information" and "generating a URL link for accessing a patient record repository in response to said **configuration information**" as in the present claimed invention. De la Huerga merely discloses using a URL cipher to decode information that is within a record and changes the decoded information according to predetermined rules (De la Huerga, col. 8, lines 41-47). This is not receiving configuration information and generating a URL "in response to said configuration information" for accessing a patient record repository. Nowhere in De la Huerga is **configuration information** discussed. Therefore, Applicant respectfully submits that De la Huerga does not provide any 35 USC 112 compliant enabling disclosure regarding what may constitute configuration information or how the alleged configuration information is used by the De La Huerga system.

Additionally, contrary to the present claimed invention, Bessette states that a patient medical record may include a pointer (e.g., a URL) "in order to point to remote sites holding files that contain information in digitized form pertinent to the individual. That information may be blood tests, electrocardiograms among many other possibilities. Each pointer provides an address that is machine readable to import the data residing at the target location" (Bessette column 3 line 57 to column 4 line 6). However, this is merely a description of a patient record containing a URL to access data at another remote location. It does NOT suggest update of a "particular patient record section" using a "generated URL link" including "an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record". On the contrary, the Bessette system teaches use of a distributed patient medical record that impedes update of targeted patient record sections.

Bessette discloses configuration information but does not define this as information that is used to generate a URL as in the present claimed invention. In fact, the configuration information is fundamentally different and wholly unrelated to "receiv[ed] configuration information" of the present claimed invention. Bessette discloses information used for creating and structuring a record (see Bessette, col 3 lines 39 – 59). Therein, Bessette further provides a defined system for using pointers to access records. Bessette provides no 35 USC 112 compliant enabling disclosure regarding the manner in which the URL's within the record of the Bessette system is generated.

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Bessette does not disclose how the pointers are generated and nowhere discloses or suggests "receiving configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record" and "generating a URL link for accessing a patient record repository in response to said configuration information" as in the present claimed system. The "pointer using the URL addressing system to indicate the address of a location containing data" of Bessette is not the "configuration information" as in the present claimed system because the "pointer" of Bessette is predetermined and is NOT "a URL link" generated "in response to said configuration information" as in the claimed system.

Applicant respectfully submits that there is no reason or motivation to combine the system of Bessette with the system of de La Huerga to produce the present claimed invention. Specifically, De La Huerga is a system that uses a cipher to decode information that is contained within a respective patient record in order to manipulate and/or translate according to predetermined rules the information into a form readable by a user. On the other hand, Bessette is concerned with structuring a patient record having a plurality of data fields and including a URL link that allows a user to gain access to remotely located data that is part of the record. Applicant respectfully submits that it is improper to combine these systems because the data in Bessette is accessed via a URL pointer and is not stored within the URL link as in De la Huerga. Therefore, the system of Bessette has no need for the URL cipher used by De La Huerga because the URL link in Bessette is merely a pointer and does not include any data to be decoded. These systems, alone or in combination, do not resolve or alleviate the problem resolved by the present claimed system which is to provide a method used by "a portable processing device for accessing information in a patient record incorporating a plurality of different sections" as in the present claimed invention. De la Huerga and Bessette (alone or in combination) do not enable a system that "receiv[es] configuration information" and "generat[es] a URL link for accessing a patient record repository in response to said configuration information" as in the present claimed system.

Furthermore, even if you combine the system of de la Huerga and the system of Bessette you do not get the present claimed system. Instead, a system produced in view of the teachings of De la Huerga and Bessette is a system that creates a plurality of records each having URL pointers therein for obtaining remotely located data which is part of the record wherein the URL link can be decoded according to predetermined rules using a URL cipher. The combined system is wholly unlike the present claimed system which receives configuration information determining at least one of: (a) a URL of a patient

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record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record and generating a URL link for accessing a patient record repository in response to said configuration information. Consequently, the withdrawal of the rejection of claim 1 is respectfully requested.¹

Dependent claims 2, 3, 4 and 5 are considered to be patentable for the reasons given in connection with claim 1. Therefore, withdrawal of the rejection of claims 2, 3, 4 and 5 under 35 USC 103(a) is respectfully requested.

CLAIM 3

Dependent claim 3 is considered to be patentable based on its dependence on claim 1. Claim 3 is also considered to be patentable because De la Huerga does not show (or suggest) the feature combination of claim 1 involving "receiving a patient record content index and said activity of receiving user entered information identifying at least one patient record to be acquired and a particular section of a patient record to be acquired is performed in response user selection of an item in said patient record content index". De la Huerga does not suggest such a combination and does not contemplate or mention a patient medical record content index.

The Rejection cites column 13, lines 31 – 51 of De La Huerga (in view of Bessette) as disclosing the claimed feature. Applicant respectfully disagrees. Specifically, the cited section of De La Huerga merely discloses, upon displaying retrieved data, secondary files referenced by the data are made accessible via the click of a mouse and that the system creates a folder to store the newly converted retrieved record. This is NOT "a patient record content index" that is received in the present claimed invention. Additionally, there is no 35 USC 112 compliant enabling disclosure reciting the "activity of receiving user entered information...is performed in response to user selection of an item in said patient record content index" as in the present claimed invention. De La Huerga (in view of Bessette) merely discloses accessing files using a click of a mouse. However, the secondary referenced files are NOT a "patient record content index" as in the present claimed invention. Specifically, the "patient record content index" of the present system is a "hyperlinked content index to each major sections of a patient chart such as Chemistry, Hematology, Vital Signs" (Application page 9, lines 8 – 10 and Fig. 11). De La Huerga merely disclose making secondary files within a converted record more easily accessible. In fact, no where in De La Huerga (with Bessette) is there enabling disclosure that defines any operation associated with the secondary files other than being made "quickly and easily accessible". Thus, De La Huerga (with Bessette) operate in a fundamentally differ manner than the present claimed invention.

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The present system allows for "a patient record content index" to be received and "in response to user selection of an item in said patient record content index", the system receives "user entered information identifying at least one patient record to be acquired and a particular section of a patient record to be acquired". De La Huerga and Bessette alone or in combination do not disclose this feature.

In view of the above remarks regarding claim 3, it is respectfully submitted that the present invention as claimed in claim 3 is patentable over de la Huerga in view of Bessette.

CLAIM 6

Nowhere does De la Huerga show or suggest or provide an enabling teaching of, partitioning a patient record into "a plurality of different sections" and "receiving URL linkdata fields containing information identifying...a particular section of said patient record" as in the claimed system. In De la Huerga, the URL of Figures 25 and 27 comprise an "address where memory contents 500 is to be stored" (de la Huerga column 16 line 65 to column 17 line 1). In De la Huerga "memory contents 500" accessed in the De la Huerga system via the address conveyed in the URL of Figures 25 and 27 may comprise a variety of items (see Figure 17) including "selected prescribed medication dose information 540...dispensed medication information 580, medication information 581 and medication report components 600. Memory contents 500 can further include specific patient information 621 received from a patient identification device 300...offered medication amount information 643 regarding the amount of medication offered to a specific patient 360, and consumed medication amount information 644 regarding the actual amount of medication consumed by the specific patient 360... additional elements or fewer than shown in FIG. 17" (de la Huerga column 8 lines 14-55 and Figure 17). However, "memory contents 500" of De la Huerga do not comprise a partitioned patient record having "a plurality of different sections" that are individually identifiable using a received "URL link data fields containing information identifying...a particular section of said patient record" as in the present claimed invention.

Further, De la Huerga teaches "information device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27. In this case, workstation 350 need only send medication report 730 to the address indicated by universal resource locator 734 without interacting with workstation 350, thus keeping workstation 350 completely independent of needing to know how to handle medication report 730" (de la Huerga column 16 line 65 to column 17 line 7). Thus De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as a whole without a

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workstation responding to a URL and **“completely independent of needing to know how to handle” a “medication report”**. This is fundamentally different and in direct contrast to the claimed system in which **“URL link data fields containing information identifying...a particular section of said patient record”** is processed to obtain a particular section of a medical report identified by the URL which is processed (i.e. extracted from the report) and communicated in response to the URL. The claimed system allows a user to dynamically select a particular section of a patient record desired and that **particular section of the medical report is processed and downloaded to a portable device**. Consequently the claimed system involves interacting with a medical report to identify and process particular report sections in direct contrast to the de la Huerga teaching.

De la Huerga also does not show **“receiving URL link data fields” the “URL link being generated in response to configuration information”** as in the present claimed invention. De la Huerga merely discloses using a URL cipher to decode information that is within a record and changes the decoded information according to predetermined rules (De la Huerga, col. 8, lines 41-47). This is **not generating a URL “in response to said configuration information”** as in the present invention. Nowhere in De la Huerga is **configuration information** discussed. Therefore, Applicant respectfully submits that De la Huerga does not provide any 35 USC 112 compliant enabling disclosure regarding what may constitute configuration information or how the alleged configuration information is used by the De La Huerga system.

Additionally, contrary to the present claimed invention, Bessette states that a patient medical record may include a pointer (e.g., a URL) **“in order to point to remote sites holding files that contain information in digitized form pertinent to the individual. That information may be blood tests, electrocardiograms among many other possibilities. Each pointer provides an address that is machine readable to import the data residing at the target location”** (Bessette column 3 line 57 to column 4 line 6). However, this is merely a description of a patient record containing a URL to access data at another remote location. It does **NOT** suggest update of a **“particular patient record section”** using **“URL link data fields containing information identifying a patient record information and a particular patient section of said patient record”**. On the contrary, the Bessette system teaches use of a distributed patient medical record that impedes update of targeted patient record sections.

Bessette discloses configuration information but does not define this as information that is used to generate a URL as in the present claimed invention. In fact, the Bessette configuration information is fundamentally different and wholly unrelated to the **“configuration information”** of the present claimed invention. Bessette discloses information used for creating and structuring a record (see Bessette, col 3 lines 39 – 59).

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Therein, Bessette further provides a defined system for using pointers to access records. Bessette provides no 35 USC 112 compliant enabling disclosure regarding the manner in which a URL within the record of the Bessette system is generated.

Bessette does not disclose how the pointers are generated and nowhere discloses or suggests "configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record" and "said URL link being generated in response to configuration information" as in the present claimed system. The "pointer using the URL addressing system to indicate the address of a location containing data" of Bessette is not the "configuration information" as in the present claimed system because the "pointer" of Bessette is predetermined and is **NOT** "a URL link" generated "in response to said configuration information" as in the claimed system.

Applicant respectfully submits that there is no reason or motivation to combine the system of Bessette with the system of de La Huerga to produce the present claimed invention. Specifically, De La Huerga is a system that uses a cipher to decode information that is contained within a respective patient record in order to manipulate and/or translate according to predetermined rules the information into a form readable by a user. On the other hand, Bessette is concerned with structuring a patient record having a plurality of data fields and including a URL link that allows a user to gain access remotely located data that is part of the record. Applicant respectfully submits that it is improper to combine these system because the data in Bessette is accessed via the URL pointer and is not stored within the URL link as in De la Huerga. Therefore, the system of Bessette has no need for the URL cipher used by De La Huerga because the URL link in Bessette is merely a pointer and does not include any data to be decoded. These systems, alone or in combination, do not resolve or alleviate the problem resolved by the present claimed system which is to provide a method used by "a portable processing device for accessing information in a patient record incorporating a plurality of different sections" as in the present claimed invention. De la Huerga and Bessette (alone or in combination) do not enable a system that "receiv[es] URL link data fields" and "said URL link being generated in response to configuration information" as in the present claimed system.

Furthermore, the combination of the system of de la Huerga and the system of Bessette does not show or suggest the claimed system. Instead, the teachings of De la Huerga and Bessette produce a system that creates a plurality of records each having URL pointers therein for obtaining remotely located data which is part of the record wherein the URL link can be decoded according to predetermined rules using a URL cipher. The

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combined system is wholly unlike the present claimed system where the URL link is generated in response to configuration information determining at least one of (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record. Consequently, the withdrawal of the rejection of claim 6 is respectfully requested.

CLAIM 17

Nowhere does De la Huerga show or suggest or provide an enabling teaching of, partitioning a patient record into "a plurality of different sections" and "receiving URL data fields incorporating updated patient record information and patient record section identification information" as in the claimed system. In De la Huerga, the URL of Figures 25 and 27 comprise an "address where memory contents 500 is to be stored" (de la Huerga column 16 line 65 to column 17 line 1). In De la Huerga "memory contents 500" accessed in the De la Huerga system via the address conveyed in the URL of Figures 25 and 27 may comprise a variety of items (see Figure 17) including "selected prescribed medication dose information 540...dispensed medication information 580, medication information 581 and medication report components 600. Memory contents 500 can further include specific patient information 621 received from a patient identification device 300...offered medication amount information 643 regarding the amount of medication offered to a specific patient 360, and consumed medication amount information 644 regarding the actual amount of medication consumed by the specific patient 360... additional elements or fewer than shown in FIG. 17" (de la Huerga column 8 lines 14-55 and Figure 17). However, "memory contents 500" of De la Huerga do not comprise a partitioned patient record having "a plurality of different sections" that are individually identifiable using a received "URL data fields incorporating updated patient record information and patient record section identification information" as in the present claimed invention.

Further, De la Huerga teaches "information device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27. In this case, workstation 350 need only send medication report 730 to the address indicated by universal resource locator 734 without interacting with workstation 350, thus keeping workstation 350 completely independent of needing to know how to handle medication report 730" (de la Huerga column 16 line 65 to column 17 line 7). Thus De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as a whole without a workstation responding to a URL and "completely independent of needing to know how to handle" a "medication report". This is fundamentally different and in direct contrast to the claimed system in which a "URL data fields incorporating updated patient record information and patient record section identification information" is processed to obtain a

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patient record section information of a medical report and updated patient record information. The claimed system allows a user to dynamically store the updated information in the **particular** section of the medical report identified the patient record section identification information. Consequently the claimed system involves interacting with a medical report to identify and process "updated patient information" within particular report sections in direct contrast to the De La Huerga teaching.

De la Huerga also does not show "receiving URL data fields" the "URL being generated in response to configuration information" as in the present claimed invention. De la Huerga merely discloses using a URL cipher to decode information that is within a record and changes the decoded information according to predetermined rules (De la Huerga, col. 8, lines 41-47). This is not generating a URL "in response to said configuration information" as in the present invention. Nowhere in De la Huerga is **configuration information** discussed. Therefore, Applicant respectfully submits that De la Huerga does not provide any 35 USC 112 compliant enabling disclosure regarding what may constitute configuration information or how the alleged configuration information is used by the De La Huerga system.

Additionally, contrary to the present claimed invention, Bessette states that a patient medical record may include a pointer (e.g., a URL) "in order to point to remote sites holding files that contain information in digitized form pertinent to the individual. That information may be blood tests, electrocardiograms among many other possibilities. Each pointer provides an address that is machine readable to import the data residing at the target location" (Bessette column 3 line 57 to column 4 line 6). However, this is merely a description of a patient record containing a URL to access data at another remote location. It does NOT suggest update of a "particular patient record section" using "URL data fields incorporating updated patient record information and patient record section identification information". On the contrary, the Bessette system teaches use of a distributed patient medical record that impedes update of targeted patient record sections.

Bessette discloses configuration information but does not define this as information that is used to generate a URL as in the present claimed invention. The Bessette configuration information is fundamentally different and wholly unrelated to the "configuration information" of the present claimed invention. The Bessette configuration information comprises information used for creating and structuring a record (see Bessette, col 3 lines 39 - 59). Therein, Bessette provides a defined system for using pointers to access records. Bessette provides no 35 USC 112 compliant enabling disclosure regarding the manner in which the URL's within the record of the Bessette system is generated.

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Bessette does not disclose how the pointers are generated and nowhere discloses or suggests "configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record" and "said URL link being generated in response to configuration information" as in the present claimed system. The "pointer using the URL addressing system to indicate the address of a location containing data" of Bessette is not the "configuration information" as in the present claimed system because the "pointer" of Bessette is predetermined and is NOT "a URL link" generated "in response to said configuration information" as in the claimed system.

Applicant respectfully submits that there is no reason or motivation to combine the system of Bessette with the system of de La Huerga to produce the present claimed invention. Specifically, De La Huerga is a system that uses a cipher to decode information that is contained within a respective patient record in order to manipulate and/or translate according to predetermined rules the information into a form readable by a user. On the other hand, Bessette is concerned with structuring a patient record having a plurality of data fields and including a URL link that allows a user to gain access remotely located data that is part of the record. Applicant respectfully submits that it is improper to combine these systems because the data in Bessette is accessed via the URL pointer and is not stored within the URL link as in De la Huerga. Therefore, the system of Bessette has no need for the URL cipher used by De La Huerga because the URL link in Bessette is merely a pointer and does not include any data to be decoded. These systems, alone or in combination, do not resolve or alleviate the problem resolved by the present claimed system which is to provide a method used by "a portable processing device for accessing information in a patient record incorporating a plurality of different sections" as in the present claimed invention. De la Huerga and Bessette (alone or in combination) do not provide any enabling disclosure of a system that "receiv[es] URL link data fields" and "said URL link being generated in response to configuration information" as in the present claimed system.

Furthermore, the combination of the de la Huerga and Bessette systems do not show or suggest the claimed system. The teachings of De la Huerga and Bessette produce a system that creates a plurality of records each having URL pointers therein for obtaining remotely located data which is part of the record wherein the URL link can be decoded according to predetermined rules using a URL cipher. The combined system is wholly unlike the present claimed system where the URL link is generated in response to configuration information determining at least one of (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be

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accessed, (e) content type of a patient record and (f) format of a patient record. Consequently, the withdrawal of the rejection of claim 6 is respectfully requested.

In view of the above remarks, it is respectfully submitted that De La Huerga and Bessette, either alone or in combination, do not provide any 35 USC 112 compliant enabling disclosure that makes the present invention as claimed in claims 1, 6 and 17 unpatentable. As claims 2 – 5 are dependent on independent claim 1, it is respectfully submitted that claims 2 – 5 are also patentable over De La Huerga and Bessette. Therefore, it is further respectfully submitted that this rejection has been satisfied and should be withdrawn.

**Rejection of Claims 7-16 and 18-20 under 35 U.S.C. 103(a) over
de la Huerga (U.S. Patent 5,903,889) in view of Frid (U.S. Patent 5,857,967)**

De la Huerga in view of Frid does not make claims 7 – 16 and 18 – 20 unpatentable. Thus, reversal of the rejection of claims 7 – 16 and 18 – 20 under 35 U.S.C. § 103(a) is respectfully requested.

CLAIMS 7 and 9 - 16

The method of claim 7 involves communicating “updated patient record information”, acquired “by user data entry via” a “data collection page”, to an “information repository” at an “address using” a “generated URL link”. The method involves generating the “URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying a particular patient record section and said patient record”. These features address the deficiencies of available portable data access systems. Specifically, “available portable systems for processing patient record information are limited in their capabilities for securely accessing, transferring and updating patient record information and in their capabilities for creating and navigating image menus supporting the location and access of desired patient record data by a user” (Application page 2 lines 3-7). By using the claimed system, a user is able to specifically access a desired portion of a patient record without having to download and navigate through an entire record which is often large (particularly for a patient with extensive medical history) and cumbersome and a substantial burden for a portable device in view of storage, power and processing constraints (see Application page 9 lines 6-8). This is of substantial advantage in using a portable device in a hospital or other healthcare environment.

The combined references do not show updating “patient record information” in a repository, with data acquired “by user data entry via” a “data collection page at an

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"address" determined by a "generated URL link" including "an address of said repository and containing fields incorporating said updated patient record information and information identifying a particular patient record section and said patient record". Contrary to the Rejection statement on page 4, De la Huerga (with the other references) does not show (or suggest) use of a "generated URL link" including "an address of said repository and containing fields incorporating said updated patient record information and information identifying a particular patient record section and said patient record". The URLs shown in De la Huerga Figures 25 and 27 (and relied in the Rejection) are generated by "device 10" Specifically, "device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27" (de la Huerga column 16 line 65 to column 17 line 1).

However, nowhere does De la Huerga (with the other references) show or suggest or provide an enabling teaching of, partitioning a patient record into different sections and generating a URL link including "an address of said repository and containing fields incorporating said updated patient record information and information identifying a particular patient record section and said patient record". In De la Huerga, the URL of Figures 25 and 27 comprise an "address where memory contents 500 is to be stored" (de la Huerga column 16 line 65 to column 17 line 1). In De la Huerga "memory contents 500" accessed in the De la Huerga system via the address conveyed in the URL of Figures 25 and 27 may comprise a variety of items (see Figure 17) including "selected prescribed medication dose information 540...dispensed medication information 580, medication information 581 and medication report components 600. Memory contents 500 can further include specific patient information 621 received from a patient identification device 300...offered medication amount information 643 regarding the amount of medication offered to a specific patient 360, and consumed medication amount information 644 regarding the actual amount of medication consumed by the specific patient 360... additional elements or fewer than shown in FIG. 17" (de la Huerga column 8 lines 14-55 and Figure 17). However, "memory contents 500" of De la Huerga do not comprise a partitioned patient record having different sections that are individually identifiable using a generated URL link "containing fields incorporating said updated patient record information and information identifying a particular patient record section and said patient record".

Further, De la Huerga teaches "information device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27. In this case, workstation 350 need only send medication report 730 to the address indicated by universal resource locator 734 without interacting with workstation 350, thus keeping workstation 350

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completely independent of needing to know how to handle medication report 730" (de la Huerga column 16 line 65 to column 17 line 7). Thus De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as a whole without a workstation responding to a URL and **"completely independent of needing to know how to handle" a "medication report"**. This is fundamentally different and in direct contrast to the claimed system in which a "generated URL link" including "an address of said repository and containing fields incorporating said updated patient record information and information identifying a particular patient record section and said patient record" is used to update a particular section of a medical report. The claimed system allows a user to dynamically select a particular section of a patient record desired and that particular section of the medical report is updated by a portable device. Consequently the claimed system involves interacting with a medical report to identify and process particular report sections in direct contrast to the De la Huerga teaching. These features are not shown or suggested by De la Huerga with the other references.

The system of claim 7 involves "initiating display of a data collection page for collecting data of a patient associated with a particular patient record section; storing updated patient record information acquired by user data entry via said data collection page; generating a URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying a patient record section". Neither De la Huerga alone nor with Frid, individually or together, suggest such features. Neither Frid nor De la Huerga suggest or contemplate generation of a "data collection" image page for presentation to a user and update of a particular "patient record section" with "updated patient record information" acquired by "data entry via said data collection page" associated "with a particular patient record section". Neither Frid nor De la Huerga show or suggest "initiating display of a data collection page for a patient" at all. The web page of Figure 2 of Frid relied on in the Rejection (Rejection page 5 third paragraph) is NOT a data collection page. Specifically in Frid, "FIG. 2 illustrates a web page rendered by the web browser 40 for the example HTML file shown above. The web page for the example blood analyzer device 10 includes a page title 70, a header section 72, a table section 76 containing the medical information obtained from the blood analyzer device 10, and a table header 74. The medical information shown including Patient I.D. of 123456, Glucose of 12, and Time-Stamp of Dec. 10, 1996 12:37 was generated in the blood analyzer device 10 and packaged into the HTML file shown above by the web server 14" (Frid column 5 lines 24-37). Consequently, the web page of Figure 2 of Frid shows medical data "generated" in a "blood analyzer device" and NOT a "data collection" image page supporting user "data entry via said data collection page". Frid (with de la Huerga) similarly fails to show or suggest generation of "a data collection page" for collecting data of a patient associated with a "particular patient record section".

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Neither De la Huerga nor Frid address the deficiencies of “portable systems” particularly their limited “capabilities for securely accessing, transferring and updating patient record information” and “the location and access of desired patient record data by a user” (Application page 2 lines 3-7). Further, neither reference provides any other motivation or reason for incorporating the claimed features. De la Huerga is primarily concerned with “retrieving, modifying, and storing a plurality of topically, textually, or audio-visually related data records of a plurality of formats on a plurality of databases” (column 1 lines 6-13) and not collecting of patient data using a “portable processing device”. As recognized in the Rejection on page 7 de la Huerga does not show or suggest “initiating display of a data collection page” at all. De la Huerga (with Frid) also does not show or suggest “a data collection page” for collecting data of a patient associated with a “particular patient record section”. Although De la Huerga discusses processing data of different “data type 136”, de la Huerga fails to define “data type” but merely indicates using “a matching data request root address 504, the invention immediately identifies the data type 136 (FIG. 10)”. This implies data type is determined based on an address associated with a data request and is NOT related to a particular patient record section. Consequently, De la Huerga (with Frid) fails to provide any 35 USC 112 compliant enabling disclosure of generating “a data collection page” for collecting data of a patient associated with a “particular patient record section”.

In addition, the incorporation of the features of Frid into the De la Huerga system, as suggested by the Rejection, results in a system for communicating data associated with particular data requests between different databases using type information derived from an address associated with a data request. This combined system of Frid with De la Huerga still contains limited “capabilities for securely accessing, transferring and updating patient record information” that the claimed method addresses. Consequently withdrawal of the Rejection of claim 7 under 35 USC 103(a) is respectfully requested.

Dependent claims 9 through 16 are considered to be patentable based on their dependence on claim 7 and because of the additional feature combinations that they incorporate. Therefore, the arguments presented above with respect to claim 7 also apply to claims 9 through 16. Claim 7 is considered to be patentable. Consequently withdrawal of the rejection of claims 9 through 16 under 35 USC 103(a) is respectfully requested.

CLAIM 8

Dependent claim 8 is considered to be patentable based on its dependence on claim 7. Claim 8 is also considered to be patentable because De la Huerga with Frid does not show (or suggest) the feature combination of claim 7 involving “receiving a patient record

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content index identifying said particular patient record section and wherein said activity of communicating said updated patient record information comprises communicating said updated patient record section information via said URL data field to said information repository” as in the present claimed invention. De la Huerga (with Frid) does not suggest such a combination and does not contemplate or mention a patient medical record content index. In fact De La Huerga (with Frid) is not concerned with “updated patient record information” as in the present claimed invention.

The Rejection cites column 13, lines 31 – 51 of De La Huerga as disclosing the claimed feature. Applicant respectfully disagrees. Specifically, the cited section of De La Huerga merely discloses, upon displaying retrieved data, secondary files referenced by the data are made accessible via the click of a mouse and that the system creates a folder to store the newly converted retrieved record. This is NOT “a patient record content index” that is received in the present claimed invention. Additionally, De La Huerga merely discloses accessing files using a click of a mouse. Furthermore, the secondary referenced files of De La Huerga do NOT “identify[y] said particular patient record section” as in the present claimed invention. Specifically, the “patient record content index” of the present system is a “hyperlinked content index to each major sections of a patient chart such as Chemistry, Hematology, Vital Signs” (Application page 9, lines 8 – 10 and Fig. 11). De La Huerga merely disclose making secondary files within a converted record more easily accessible. In fact, no where in De La Huerga (with Besette) is there enabling disclosure that defines any operation associated with the secondary files other than being made “quickly and easily accessible”. Thus, De La Huerga (with Frid) operate in a fundamentally differ manner than the present claimed invention. Similarly as discussed above with respect to De La Huerga, the cited section of Frid (col. 2, lines 61 – 67) neither disclose nor suggest the claimed feature. Consequently, the rejection of claim 8 under 35 USC 103(a) should be withdrawn.

CLAIMS 18 - 20

The method of claim 18 involves communicating “updated patient record information”, acquired “by user data entry via” a “data collection page”, to an “information repository” at an “address using” a “generated URL link”. The method involves generating the “URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying a particular patient record section and said patient record”. These features address the deficiencies of available portable data access systems. Specifically, “available portable systems for processing patient record information are limited in their capabilities for securely accessing, transferring and updating patient record information and in their capabilities for

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creating and navigating image menus supporting the location and access of desired patient record data by a user" (Application page 2 lines 3-7). By using the claimed system, a user is able to specifically access a desired portion of a patient record without having to download and navigate through an entire record which is often large (particularly for a patient with extensive medical history) and cumbersome and a substantial burden for a portable device in view of storage, power and processing constraints (see Application page 9 lines 6-8). This is of substantial advantage in using a portable device in a hospital or other healthcare environment.

The combined references do not show updating "patient record information" in a repository, with data acquired "by user data entry via" a "data collection page at an "address" determined by a "generated URL link" including "an address of said repository and containing fields incorporating said updated patient record information and information identifying a particular patient record section and said patient record". Contrary to the Rejection statement on page 4, De la Huerca (with the other references) does not show (or suggest) use of a "generated URL link" including "an address of said repository and containing fields incorporating said updated patient record information and information identifying a particular patient record section and said patient record". The URLs shown in De la Huerca Figures 25 and 27 (and relied in the Rejection) are generated by "device 10" Specifically, "device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27" (de la Huerca column 16 line 65 to column 17 line 1).

However, nowhere does De la Huerca (with the other references) show or suggest or provide an enabling teaching of, partitioning a patient record into different sections and generating a URL link including "an address of said repository and containing fields incorporating said updated patient record information and information identifying a particular patient record section and said patient record". In De la Huerca, the URL of Figures 25 and 27 comprise an "address where memory contents 500 is to be stored" (de la Huerca column 16 line 65 to column 17 line 1). In De la Huerca "memory contents 500" accessed in the De la Huerca system via the address conveyed in the URL of Figures 25 and 27 may comprise a variety of items (see Figure 17) including "selected prescribed medication dose information 540...dispensed medication information 580, medication information 581 and medication report components 600. Memory contents 500 can further include specific patient information 621 received from a patient identification device 300...offered medication amount information 643 regarding the amount of medication offered to a specific patient 360, and consumed medication amount information 644 regarding the actual amount of medication consumed by the specific patient 360... additional elements or fewer than shown in FIG. 17" (de la Huerca column 8 lines 14-55

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and Figure 17). However, "memory contents 500" of De la Huerga do not comprise a partitioned patient record having different sections that are individually identifiable using a generated URL link "containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record".

Further, De la Huerga teaches "information device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27. In this case, workstation 350 **need only send medication report 730** to the address indicated by universal resource locator 734 **without interacting** with workstation 350, thus keeping workstation 350 completely independent of needing to know how to handle medication report 730" (de la Huerga column 16 line 65 to column 17 line 7). Thus De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as a whole without a workstation responding to a URL and "**completely independent of needing to know how to handle**" a "medication report". This is fundamentally different and in direct contrast to the claimed system in which a "generated URL link" including "an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record" is used to update a particular section of a medical report. The claimed system allows a user to dynamically select a particular section of a patient record desired and that **particular section** of the medical report is updated by a portable device. Consequently the claimed system involves interacting with a medical report to identify and process particular report sections in direct contrast to the De la Huerga teaching. These features are not shown or suggested by De la Huerga with the other references.

The system of claim 18 involves "initiating display of a data collection page for collecting data of a patient associated with a particular patient record section; storing updated patient record information acquired by user data entry via said data collection page; generating a URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying a patient record section". Neither De la Huerga nor Frid, individually or together, suggest such features. Neither Frid nor De la Huerga suggest or contemplate generation of a "data collection" image page for presentation to a user and update of a particular "patient record section" with "updated patient record information" acquired by "data entry via said data collection page" associated "with a particular patient record section". Neither Frid nor De la Huerga show or suggest "initiating display of a data collection page for a patient" at all. The web page of Figure 2 of Frid relied on in the Rejection (Rejection page 5 third paragraph) is NOT a data collection page. Specifically in Frid, "FIG. 2 illustrates a web

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page rendered by the web browser 40 for the example HTML file shown above. The web page for the example blood analyzer device 10 includes a page title 70, a header section 72, a table section 76 containing the medical information obtained from the blood analyzer device 10, and a table header 74. The medical information shown including Patient I.D. of 123456, Glucose of 12, and Time-Stamp of Dec. 10, 1996 12:37 was generated in the blood analyzer device 10 and packaged into the HTML file shown above by the web server 14" (Frid column 5 lines 24-37). Consequently, the web page of Figure 2 of Frid shows medical data "generated" in a "blood analyzer device" and NOT a "data collection" image page supporting user "data entry via said data collection page". Frid (with de la Huerga) similarly fails to show or suggest generation of "a data collection page" for collecting data of a patient associated with a "particular patient record section". Furthermore, De la Huerga (with Frid) neither discloses nor suggests "storing updated patient record information including additions and deletions to said previously recorded data acquired by user data entry via said data collection page" as in the present claimed invention.

Neither De la Huerga nor Frid address the deficiencies of "portable systems" particularly their limited "capabilities for securely accessing, transferring and updating patient record information" and "the location and access of desired patient record data by a user" (Application page 2 lines 3-7). Further, neither reference provides any other motivation or reason for incorporating the claimed features. De la Huerga is primarily concerned with "retrieving, modifying, and storing a plurality of topically, textually, or audio-visually related data records of a plurality of formats on a plurality of databases" (column 1 lines 6-13) and not collecting of patient data using a "portable processing device". As recognized in the Rejection on page 7 de la Huerga does not show or suggest "initiating display of a data collection page" at all. De la Huerga (with Frid) also does not show or suggest "a data collection page" for collecting data of a patient associated with a "particular patient record section". Although De la Huerga discusses processing data of different "data type 136", de la Huerga fails to define "data type" but merely indicates using "a matching data request root address 504, the invention immediately identifies the data type 136 (FIG. 10)". This implies data type is determined based on an address associated with a data request and is NOT related to a particular patient record section. Consequently, De la Huerga (with Frid) fails to provide any 35 USC 112 compliant enabling disclosure of generating "a data collection page" for collecting data of a patient associated with a "particular patient record section".

In addition, the incorporation of the features of Frid into the De la Huerga system, as suggested by the Rejection, results in a system for communicating data associated with particular data requests between different databases using type information derived from an

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address associated with a data request. This combined system of Frid with De la Huerga still contains limited "capabilities for securely accessing, transferring and updating patient record information" that the claimed method addresses. Consequently withdrawal of the Rejection of claim 18 under 35 USC 103(a) is respectfully requested.

Dependent claims 19 and 20 are considered to be patentable based on their dependence on claim 18 and because of the additional feature combinations that they incorporate. Therefore, the arguments presented above with respect to claim 18 also apply to claims 19 and 20. Claim 18 is considered to be patentable. Consequently withdrawal of the rejection of claims 19 and 20 under 35 USC 103(a) is respectfully requested.

In view of the above remarks, it is respectfully submitted that De La Huerga and Frid, either alone or in combination, do not provide any 35 USC 112 compliant enabling disclosure that makes the present invention as claimed in claims 7 and 18 unpatentable. As claims 8 – 16 are dependent on independent claim 7 and claims 19 – 20 are dependent on independent claim 18, it is respectfully submitted that claims 8 – 16 and 19 – 20 are also patentable over De La Huerga and Frid. Therefore, it is further respectfully submitted that this rejection has been satisfied and should be withdrawn.

VIII CONCLUSION

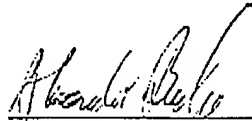
Claims 1 through 20 are considered patentable because de la Huerga, Bessette and Frid either alone or together neither disclose nor suggest "receiving configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record" and "generating a URL link for accessing a patient record repository in response to said configuration information" as in the present claimed invention. Additionally, De la Huerga, Bessette and Frid neither disclose nor suggest "receiving a patient medical record content index" as in the present claimed invention. Furthermore, De la Huerga, Bessette and Frid neither disclose nor suggest "initiating display of a data collection page for collecting data of a patient associated with a particular patient record section; storing updated patient record information acquired by user data entry via said data collection page; generating a URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying a patient record section" as in the present claimed invention.

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Accordingly it is respectfully submitted that the rejection of Claims 1- 20 should be reversed.

Respectfully submitted,
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APPENDIX I - APPEALED CLAIMS

1. (Previously Presented) A method for use by a portable processing device for accessing information in a patient record incorporating a plurality of different sections, comprising the activities of:

receiving user entered information identifying at least one patient record to be acquired and a particular section of a patient record to be acquired;

receiving configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record;

generating a URL link for accessing a patient record repository in response to said configuration information, said generated URL link including an address of said repository and containing fields incorporating said information identifying said particular section of said patient record and said patient record;

communicating said generated URL link to an application used for accessing said repository; and

receiving said identified particular patient record section in response to said communication.

2. (Previously Presented) A method according to claim 1, wherein said particular section of said patient record is associated with a particular type of patient medical data and

said receiving activity also includes,
receiving information identifying a desired format for said patient record to be acquired.

3. (Previously Presented) A method according to claim 1, including the activity of,

receiving a patient record content index and said activity of receiving user entered information identifying at least one patient record to be acquired and a particular section of a patient record to be acquired is performed in response user selection of an item in said patient record content index.

4. (Previously Presented) A method according to claim 1, including the activity of

generating a notification indication for display to a user indicating said identified particular patient record section has been received.

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5. (Previously Presented) A method according to claim 1, wherein said received particular patient record section comprises HTML web page representative information.

6. (Previously Presented) In a system including a patient record repository, a method for communicating with a portable processing device for accessing information in a patient record incorporating a plurality of different sections, comprising the activities of:

receiving URL link data fields containing information identifying a patient record and a particular section of said patient record, said URL link being generated in response to configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record;

deriving said information identifying a patient record and a particular section of said patient record information from said URL link data fields;

searching said patient record repository to locate said identified particular patient record section;

communicating said located particular patient record section to a portable processing device.

7. (Previously Presented) A method for use by a portable processing device for providing updated patient record information to a patient record information repository, comprising the activities of:

initiating display of a data collection page for collecting data of a patient associated with a particular patient record section;

storing updated patient record information acquired by user data entry via said data collection page;

generating a URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying said particular patient record section and said patient record; and

communicating said updated patient record information to said information repository at said address using said generated URL link in response to user selection of a displayed menu icon.

8. (Previously Presented) A method according to claim 7, including the activity of

receiving a patient medical record content index identifying said particular patient record section and wherein

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said activity of communicating said updated patient record information comprises communicating said updated patient record section information via said URL data field to said information repository.

9. (Previously Presented) A method according to claim 8, including the activity of

identifying updated patient record information different from information previously communicated to said information repository; and wherein

said activity of communicating said updated patient record information comprises communicating said different updated patient record information via said URL data field to said information repository.

10. (Original) A method according to claim 7, wherein said data collection page comprises an HTML page.

11. (Previously Presented) A method according to claim 7, including the activity of

time-stamping updated patient record section information acquired by user data entry via said data collection page.

12. (Previously Presented) A method according to claim 11, wherein said activity of storing updated patient record section information comprises storing time-stamped updated patient record section information.

13. (Previously Presented) A method according to claim 12, wherein said activity of communicating said updated patient record section information comprises communicating said time-stamped updated patient record section information.

14. (Previously Presented) A method according to claim 7, including the activity of

communicating said identified updated data collection page by Email to a remote application in response to user selection of a displayed menu icon.

15. (Previously Presented) A method according to claim 7, including the activity of

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providing a menu supporting user customization of a data collection page for a particular patient.

16. (Previously Presented) A method according to claim 7, including the activity of

initiating display of a patient record contents menu comprising a plurality of links to a corresponding plurality of sections of a patient record including a link to a patient data collection page in response to user selection of a link to said patient record section.

17. (Previously Presented) In a system including a patient record repository, a method for communicating with a portable processing device for accessing patient record information, comprising the activities of:

receiving URL data fields incorporating updated patient record information and patient record section identification information, said URL being generated in response to configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record;

deriving said patient record section identification information and said updated patient record information from said URL link data fields; and

storing said updated patient record information in a record section identified by said patient record section identification information.

18. (Previously Presented) A method for use by a portable processing device for providing updated patient record information to a patient record information repository, comprising the activities of:

initiating display of a data collection page for collecting data of a patient associated with a particular patient record section including data previously recorded for said patient;

storing updated patient record information including additions and deletions to said previously recorded data acquired by user data entry via said data collection page;

generating a URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying said particular patient record section and said patient record; and

communicating URL data fields including said updated patient record information to said information repository at said address using said generated URL link in response to user selection of a displayed menu icon.

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19. (Previously Presented) A method according to claim 18, including the activity of

identifying updated patient record information not previously communicated to said information repository, and wherein said communicating activity comprises communicating URL data fields including said identified updated patient record information not previously communicated to said information repository.

20. (Previously Presented) A method according to claim 18, including the activity of

time-stamping updated patient record information acquired by user data entry via said data collection page.

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APPENDIX II - EVIDENCE

Applicant does not rely on any additional evidence other than the arguments submitted hereinabove.

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APPENDIX III - RELATED PROCEEDINGS

There is currently a co-pending appeal in related application serial number 09/939,886. The present application and application serial number 09/939,886 claim priority from the same Provisional Application Serial No. 60/287,664.

An Appeal Brief in related application serial number 09/939,899 was filed on July 7, 2005. In response to the Appeal Brief filed on July 7, 2005, a Final Office Action was mailed on October 7, 2005. A Request for Re-instatement of the Appeal and Supplemental Appeal Brief was filed on January 9, 2006. The present application and application serial number 09/939,899 claim priority from the same Provisional Application Serial No. 60/287,664.

There have been no decisions reached in either of the above related proceedings.

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APPENDIX IV - TABLE OF CASES

1. *In re Howard*, 394 F. 2d 869, 157 USPQ 615, 616 (CCPA 1968)
2. 29 AM. Jur 2D Evidence S. 33 (1994)
3. *In re Ahlert*, 424 F. 2d 1088, 1091, 165 USPQ 418, 420 (CCPA 1970)
4. *In re Eynde*, 480 F. 2d 1364, 1370; 178 USPQ 470, 474 (CCPA 1973)

APPENDIX V - LIST OF REFERENCES

<u>U.S. Pat. No.</u>	<u>Issued Date</u>	<u>102(e) Date</u>	<u>Inventors</u>
5,903,889	May 11, 1999		De la Huerga et al.
6,775,670	August 10, 2004		Bessette
5,857,967	January 12, 1999		Frid et al.

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